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agency shall evaluate it using a diagnostic code which represents the dominant (more disabling) aspect of the condition (see § 4.14).

(Authority: 38 U.S.C. 1155)

[61 FR 52700, Oct. 8, 1996, as amended at 79 FR 45099, Aug. 4, 2014]

# §4.127 Intellectual disability (intellectual developmental disorder) and personality disorders.

Intellectual disability (intellectual developmental disorder) and personality disorders are not diseases or injuries for compensation purposes, and, except as provided in §3.310(a) of this chapter, disability resulting from them may not be service-connected. However, disability resulting from a mental disorder that is superimposed upon intellectual disability (intellectual developmental disorder) or a personality disorder may be service-connected.

(Authority: 38 U.S.C. 1155) [79 FR 45100, Aug. 4, 2014]

## § 4.128 Convalescence ratings following extended hospitalization.

If a mental disorder has been assigned a total evaluation due to a continuous period of hospitalization lasting six months or more, the rating agency shall continue the total evaluation indefinitely and schedule a mandatory examination six months after the veteran is discharged or released to nonbed care. A change in evaluation based on that or any subsequent examination shall be subject to the provisions of §3.105(e) of this chapter.

(Authority: 38 U.S.C. 1155) [61 FR 52700, Oct. 8, 1996]

#### § 4.129 Mental disorders due to traumatic stress.

When a mental disorder that develops in service as a result of a highly stressful event is severe enough to bring about the veteran's release from active military service, the rating agency shall assign an evaluation of not less than 50 percent and schedule an examination within the six month period following the veteran's discharge to de-

termine whether a change in evaluation is warranted.

(Authority: 38 U.S.C. 1155) [61 FR 52700, Oct. 8, 1996]

### § 4.130 Schedule of ratings—Mental disorders.

The nomenclature employed in this portion of the rating schedule is based upon the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) (see § 4.125 for availability information). Rating agencies must be thoroughly familiar with this manual to properly implement the directives in § 4.125 through § 4.129 and to apply the general rating formula for mental disorders in § 4.130. The schedule for rating for mental disorders is set forth as follows:

9201 Schizophrenia

9202 [Removed] 9203 [Removed]

9204 [Removed]

204 [Removed]

9208 Delusional disorder

210 Other specified and unspecified schizophrenia spectrum and other psychotic disorders

9211 Schizoaffective disorder

300 Delirium

9301 Major or mild neurocognitive disorder due to HIV or other infections

9304 Major or mild neurocognitive disorder due to traumatic brain injury

9305 Major or mild vascular neurocognitive disorder

9310 Unspecified neurocognitive disorder

9312 Major or mild neurocognitive disorder due to Alzheimer's disease

9326 Major or mild neurocognitive disorder due to another medical condition or substance/medication-induced major or mild neurocognitive disorder

9327 [Removed]

9400 Generalized anxiety disorder

9403 Specific phobia; social anxiety disorder (social phobia)

9404 Obsessive compulsive disorder

9410 Other specified anxiety disorder

9411 Posttraumatic stress disorder 9412 Panic disorder and/or agoraphobia

9412 Panic disorder and/or agoraph9413 Unspecified anxiety disorder

9416 Dissociative amnesia; dissociative identity disorder
9417 Depersonalization T

9417 Depersonalization/Derealization disorder

9421 Somatic symptom disorder

9422 Other specified somatic symptom and related disorder

9423 Unspecified somatic symptom and related disorder

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9424 Conversion disorder (functional neuro- logical symptom disorder) 9425 Illness anxiety disorder 9431 Cyclothymic disorder	9433 Persistent depressive disorder (dysthymia) 9434 Major depressive disorder 9435 Unspecified depressive disorder
9432 Bipolar disorder	9440 Chronic adjustment disorder

#### GENERAL RATING FORMULA FOR MENTAL DISORDERS

	Rating
Total occupational and social impairment, due to such symptoms as: gross impairment in thought processes or communication; persistent delusions or hallucinations; grossly inappropriate behavior; persistent danger of hurting self or others; intermittent inability to perform activities of daily living (including maintenance of minimal personal hygiene); disorientation to time or place; memory loss for names of close relatives, own occupation, or own name.  Occupational and social impairment, with deficiencies in most areas, such as work, school, family relations, judgment, thinking, or mood, due to such symptoms as: suicidal ideation; obsessional rituals which interfere with rou-	100
tine activities; speech intermittently illogical, obscure, or irrelevant; near-continuous panic or depression affecting the ability to function independently, appropriately and effectively; impaired impulse control (such as unprovoked irritability with periods of violence); spatial disorientation; neglect of personal appearance and hygiene; difficulty in adapting to stressful circumstances (including work or a worklike setting); inability to establish and maintain effective relationships.  Occupational and social impairment with reduced reliability and productivity due to such symptoms as: flattened af-	70
fect; circumstantial, circumlocutory, or stereotyped speech; panic attacks more than once a week; difficulty in un- derstanding complex commands; impairment of short- and long-term memory (e.g., retention of only highly learned material, forgetting to complete tasks); impaired judgment; impaired abstract thinking; disturbances of mo- tivation and mood; difficulty in establishing and maintaining effective work and social relationships. Occupational and social impairment with occasional decrease in work efficiency and intermittent periods of inability to perform occupational tasks (although generally functioning satisfactorily, with routine behavior, self-care, and	50
conversation normal), due to such symptoms as: depressed mood, anxiety, suspiciousness, panic attacks (weekly or less often), chronic sleep impairment, mild memory loss (such as forgetting names, directions, recent events). Occupational and social impairment due to mild or transient symptoms which decrease work efficiency and ability to	30
perform occupational tasks only during periods of significant stress, or symptoms controlled by continuous medication.	10
A mental condition has been formally diagnosed, but symptoms are not severe enough either to interfere with occupational and social functioning or to require continuous medication.	0

9520 Anorexia nervosa 9521 Bulimia nervosa

#### RATING FORMULA FOR EATING DISORDERS

	Rating
Self-induced weight loss to less than 80 percent of expected minimum weight, with incapacitating episodes of at	
least six weeks total duration per year, and requiring hospitalization more than twice a year for parenteral nutrition or tube feeding.	100
Self-induced weight loss to less than 85 percent of expected minimum weight with incapacitating episodes of six or	100
more weeks total duration per year.	60
Self-induced weight loss to less than 85 percent of expected minimum weight with incapacitating episodes of more than two but less than six weeks total duration per year.	30
Binge eating followed by self-induced vomiting or other measures to prevent weight gain, or resistance to weight gain even when below expected minimum weight, with diagnosis of an eating disorder and incapacitating epi-	
sodes of up to two weeks total duration per year.	10
Binge eating followed by self-induced vomiting or other measures to prevent weight gain, or resistance to weight	
gain even when below expected minimum weight, with diagnosis of an eating disorder but without incapacitating	
episodes.	0

Note 1: An incapacitating episode is a period during which bed rest and treatment by a physician are required.

Note 2: Ratings under diagnostic codes 9201 to 9440 will be evaluated using the General Rating Formula for Mental Disorders. Ratings under diagnostic codes 9520 and 9521 will be evaluated using the General Rating Formula for Eating Disorders.

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#### **Department of Veterans Affairs**

(Authority: 38 U.S.C. 1155) [79 FR 45100, Aug. 4, 2014]

DENTAL AND ORAL CONDITIONS

#### § 4.149 [Reserved]

DENTAL AND ORAL CONDITIONS		Unilateral	10
	9908 Condyloid process, loss of, one or both sides		
§ 4.149 [Reserved]	9909 Coronoid process, loss of:		
•		Bilateral	20
§ 4.150 Schedule of ratings—dental	and	Unilateral	10
oral conditions.	unu	9911 Hard palate, loss of half or more:	
oral conditions.		Not replaceable by prosthesis	30
	Rat-	Replaceable by prosthesis	10
	ing	9912 Hard palate, loss of less than half of:	
	9	Not replaceable by prosthesis	20
9900 Maxilla or mandible, chronic osteomyelitis or		Replaceable by prosthesis	0
osteoradionecrosis of:		9913 Teeth, loss of, due to loss of substance of	U
Rate as osteomyelitis, chronic under diag-		body of maxilla or mandible without loss of con-	
nostic code 5000.		tinuity:	
9901 Mandible, loss of, complete, between angles	100	Where the lost masticatory surface cannot	
9902 Mandible, loss of approximately one-half:		be restored by suitable prosthesis:	
Involving temporomandibular articulation	50		40
Not involving temporomandibular articulation	30	Loss of all teeth  Loss of all upper teeth	30
9903 Mandible, nonunion of:			
Severe	30	Loss of all lower teeth	30
Moderate	10	All upper and lower posterior teeth	00
NOTE—Dependent upon degree of motion		missing	20
and relative loss of masticatory function.		All upper and lower anterior teeth	00
9904 Mandible, malunion of:	00	missing	20
Severe displacement	20	All upper anterior teeth missing	10
Moderate displacement	10	All lower anterior teeth missing	10
Slight displacement	0	All upper and lower teeth on one	
and relative loss of masticatory function.		side missing	10
9905 Temporomandibular articulation, limited mo-		Where the loss of masticatory surface can	
tion of:		be restored by suitable prosthesis	0
Inter-incisal range:		NOTE—These ratings apply only to bone	
0 to 10 mm	40	loss through trauma or disease such as	
11 to 20 mm	30	osteomyelitis, and not to the loss of the	
21 to 30 mm	20	alveolar process as a result of periodontal	
31 to 40 mm	10	disease, since such loss is not considered	
Range of lateral excursion:		disabling.	
0 to 4 mm	10	9914 Maxilla, loss of more than half:	
Note—Ratings for limited inter-incisal move-		Not replaceable by prosthesis	100
ment shall not be combined with ratings		Replaceable by prosthesis	50
for limited lateral excursion.		9915 Maxilla, loss of half or less:	
9906 Ramus, loss of whole or part of:		Loss of 25 to 50 percent:	
Involving loss of temporomandibular articu-		Not replaceable by prosthesis	40
lation		Replaceable by prosthesis	30
Bilateral	50	Loss of less than 25 percent:	
Unilateral	30	Not replaceable by prosthesis	20
Not involving loss of temporomandibular ar-		Replaceable by prosthesis	0
ticulation		9916 Maxilla, malunion or nonunion of:	
Bilateral	30	Severe displacement	30
Unilateral	20	Moderate displacement	10
9907 Ramus, loss of less than one-half the sub-		Slight displacement	0
stance of, not involving loss of continuity:			

Bilateral ...

Unilateral .....

[59 FR 2530, Jan. 18, 1994]

#### APPENDIX A TO PART 4—TABLE OF AMENDMENTS AND EFFECTIVE DATES SINCE 1946

Sec.	Diagnostic code No.	
4.71a	5000	Evaluation February 1, 1962.
	5001	Evaluation March 11, 1969.
	5002	Evaluation March 1, 1963.
	5003	Added July 6, 1950.
	5012	Criterion March 10, 1976.
	5024	Criterion March 1, 1963.
	5025	Added May 7, 1996.
	5051	Added September 22, 1978. Note July 16, 2015.
	5052	Added September 22, 1978. Note July 16, 2015.
	5053	Added September 22, 1978. Note July 16, 2015.